

S/N 10/801,299

PATENT

IN THE UNITED STATES PATENT AND TRADEMARK OFFICE

Applicant: Randall S. Nelson et al.

Examiner: John Fristoe Jr.

Serial No.: 10/801,299

Group Art Unit: 3754

Filed: March 16, 2004

Docket No: 600.657US2

Title: IMPLANTABLE RESERVOIR AND SYSTEM FOR DELIVERY OF A
THERAPEUTIC AGENT

PETITION FOR A THREE-MONTH EXTENSION OF TIME

MS Petition
Commissioner for Patents
P.O. Box 1450
Alexandria, VA 22313-1450

In accordance with the provision of 37 CFR § 1.136(a), it is respectfully requested that a three-month extension of time be granted in which to respond to the Office Action mailed June 21, 2004, said period of response being extended from September 21, 2004 to December 21, 2004.

Please charge Deposit Account No. 19-0743 in the amount of \$510.00 to cover the required extension fee. Please charge any additional fees or credit overpayment to deposit Account No. 19-0743.

Respectfully Submitted,

RANDALL S. NELSON ET AL.

By their Representatives,

SCHWEGMAN, LUNDBERG, WOESSNER & KLUTH, P.A.
P.O. Box 2938
Minneapolis, MN 55402
(612) 371-2117

10/03/2005 YPOLITE1 00000070 190743 10801299 --
02 FC:2253 510.00 DA

Date:

9/28/05

By:

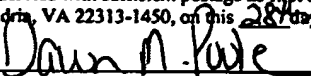


Thomas C. Obermark
Reg. No. 30,568

Adjustment date: 01/10/2006 CKHLOK
10/03/2005 YPOLITE1 00000070 190743 10801299
02 FC:2253 510.00 CR

CERTIFICATE UNDER 37 CFR § 1.8: The undersigned hereby certifies that this correspondence is being deposited with the United States Postal Service with sufficient postage as first class mail, in an envelop addressed to: MS Amendment, Commissioner for Patents, P.O. Box 1450, Alexandria, VA 22313-1450, on this 28th day of September 2005.

Name



Signature



UNITED STATES PATENT & TRADEMARK OFFICE
Washington, D.C. 20231

REQUEST FOR PATENT FEE REFUND											
1 Date of Request: <u>1-10-06</u>		2 Serial/Patent # <u>10/804,299</u>									
3 Please refund the following fee(s):		4 PAPER NUMBER	5 DATE FILED	6 AMOUNT							
<input type="checkbox"/>	Filing			\$							
<input type="checkbox"/>	Amendment			\$							
<input checked="" type="checkbox"/>	Extension of Time		9-30-05	\$ 510							
<input type="checkbox"/>	Notice of Appeal/Appeal			\$							
<input type="checkbox"/>	Petition			\$							
<input type="checkbox"/>	Issue			\$							
<input type="checkbox"/>	Cert of Correction/Terminal Disc.			\$							
<input type="checkbox"/>	Maintenance			\$							
<input type="checkbox"/>	Assignment			\$							
<input type="checkbox"/>	Other			\$							
			7 TOTAL AMOUNT OF REFUND	\$ 510							
8 TO BE REFUNDED BY:											
10 REASON:		Treasury Check									
<input checked="" type="checkbox"/>	Overpayment	<input checked="" type="checkbox"/>	Credit Deposit A/C #:								
<input type="checkbox"/>	Duplicate Payment	9 <table border="1" style="display: inline-table; text-align: center; width: 150px;"> <tr> <td style="width: 20px;">1</td> <td style="width: 20px;">9</td> <td style="width: 20px;">--</td> <td style="width: 20px;">0</td> <td style="width: 20px;">7</td> <td style="width: 20px;">4</td> <td style="width: 20px;">3</td> </tr> </table>			1	9	--	0	7	4	3
1	9	--	0	7	4	3					
<input type="checkbox"/>	No Fee Due (Explanation):										
EOT outside six-months statutory period.											
11 REFUND REQUESTED BY:											
TYPED/PRINTED NAME: <u>Retta Williams</u>		TITLE: <u>Paralegal</u>									
SIGNATURE: <u>Retta Williams</u>		PHONE: <u>2-3229</u>									
OFFICE: <u>Petitions</u>											
***** THIS SPACE RESERVED FOR FINANCE USE ONLY: *****											
APPROVED: <u>[Signature]</u>		DATE: <u>1/10/06</u>									

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